

10/6/26 103

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
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TOTAL IND.	2					
TOTAL DEP.	21					
TOTAL CLAIMS	28					

IND	DEP	IND	DEP	IND	DEP
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					